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FEC

STATEMENT OF

FORM 1	ORGANIZA	ATION		
1 Ortivi 1	(See instruction	ns)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Friends of Clif	f Stearns			
ADDRESS (number and	street) PO BOX 308			
(Check if address is changed)	3			
	SILVER SPRINGS			34489 -
		CITY	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-n	nail address)		
(Check if address is changed)	s campaign@cliffstear	ns.net		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s cliffstearns.net			
2. DATE 1.2	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_	
3. FEC IDENTIFICA	ATION NUMBER	C C00229377		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my know	vledge and belief it is true, correct a	and complete	
•	Kalldana Ballana	_	·	
Type or Print Name of	Treasurer Kathleen Balboni			
Signature of Treasurer	Electronically Filed by Kathleen B	Balboni	Date 0 1	04
NOTE: Submission of fa	lse, erroneous, or incomplete information may	subject the person signing this Sta	·	
Office				
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)